Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>05/02/07</u>	Address:	<u>Chili Mill Road 1/2 mile</u>
Case #:	<u>16-17265</u>		east of S.R. 19
County:	<u>Miami</u>		Peru, Indiana
Type of Laboratory Scizure (check one)		Seizure Location (check all that apply)	
Chemic	onal Lab cal/Glassware/Equipment (only) ite (only)	Residence Outbuilding Vehicle	☐ Hotel/Motel ☑ Open - No Structure ☐ Other:
Items Four	nd: Location (bedroom, kitchen, open at	ir, etc)	
(check all that apply) Lithium/Ammonia Reaction(s):			
☐ Red Phosphorous/Todine Reaction(s):			
Flammable Solvents;			
Water Reactive Metal (Lithium):			
Anhydrous Ammonia: Open No Structure			
Hydrochloric Acid Gas Generator(s):			
Corrosive Acid:			
Corrosive Base:			
Other (i	tem and Jocation):		
☐ Yes <u>0</u> (☐ No	er age 18 discovered (check one) (number present) port to Child Protective Services	Ephedrine	e Information c/Pseudoephedrine Tracking Log crehant Tip
This report	t is to be faxed to the following agen	cies that serve the lo	cation:
	ment: Peru F.D.	Fax: 765-4	
Health Department: Miami County		Fax: <u>765-41</u>	
Child Protec	ction Service: <u>N/A</u>	Fax:	
For further i	information regarding this methampho g Officer: R.A. Burgess Phor	etamine laboratory, ed ne 765-473-6666	ontact

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Claudestine Laboratory Team Leader for retention.